FEB 0 5 2004 St. Under the Pararwork Reduction Act of 1995	no persons		PTO/SB/21 (08-03) modified Approved for use through 08/30/2003. OMB 0651-0031 at and Trademark Office; U.S. DEPARTMENT OF COMMERCE on of information unless it displays a valid OMB control number.				
TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/775,429				
		Filing Date	February 1, 2001				
		First Named Inventor	Siddhartha Chaudhuri				
		Art Unit	2874				
		Examiner Name	Michael J. Stahl				
Total Number of Pages in This Submission	21	Attorney Docket Number	ATT-017PUS				
ENCLOSURES (Check all that apply)							
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Remark	Assignment Papers for an Application) Replacement Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Addre Ferminal Disclaimer Request for Refund CD, Number of CD(s)	After Allowance Communication to Technology Center (TC) Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below) Return Postcard Time is required by this paper and not otherwise e and authorization is provided herewith to				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
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Signature fullfuller							
Date February 3, 2004							
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February 3, 2004 Date

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PTO/SB/17 (10-03) Approved for use through 07/31/2006. OMB 0651-0032

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 110

Signature

Complete if Known			
Application Number	09/775,429		
Filing Date	February 1, 2001		
First Named Inventor	Siddhartha Chaudhuri		
Examiner Name	Michael J. Stahl		
Art Unit	2874		
Attorney Docket No.	ATT-017PUS		

Date

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)				
Check Credit card Money Other None	3. ADDITIONAL FEES				
	ge Entity Small Entity				
Deposit Account:	e Fee Fee Fee Fe	e Description			
Deposit Account 50-0845	ode (\$) Code (\$) 051 130 2051 65 Surcharge - I	ate filing fee or oath			
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Name The Director is authorized to: (check all that apply)	953 130 1053 130 Non-English	· 1			
Charge fee(s) indicated below Credit any overpayments	, ,	quest for ex parte reexamination			
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to the above-identified deposit account.	Examiner ac 251 110 2251 55 Extension fo	I 110 II			
FEE CALCULATION		r reply within first month r reply within second month			
1. BASIC FILING FEE		r reply within third month			
Large Entity Small Entity Fee Fee Fee Fee Pee Description Fee Paid		r reply within fourth month			
Code (\$) Code (\$)					
1001 770 2001 385 Utility filing fee		±			
1002 340 2002 170 Design filing fee	101 330 2401 165 Notice of Ap	peal			
1003 530 2003 265 Plant filing fee		ami baarina O M			
1004 770 2004 385 Reissue filing fee	103 290 2403 145 Request for	ordinoding of F			
1005 160 2005 80 Provisional filing fee		stitute a public use proceeding			
SUBTOTAL (1) (\$) 0		vive - unavoidable			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	i i	evive - unintentional fee (or reissue)			
Fee from	501 1,330 2501 665 Utility issue 502 480 2502 240 Design issue	N I			
Extra Claims below Fee Paid Total Claims -20** = 0 X = 0	502 480 2502 240 Design issue 503 640 2503 320 Plant issue	2 lee			
Independent 3** - 0 x		the Commissioner			
Claims Sultiple Dependent		fee under 37 CFR 1.17(q)			
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Code (\$) Code (\$) 1202 18 2202 9 Claims in excess of 20	021 40 8021 40 Recording e-	nes number of properties)			
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	809 770 2809 385 Filing a subr (37 CFR 1.1	nission after final rejection			
1203 290 2203 145 Multiple dependent claim, if not paid	,	ditional invention to be			
1204 86 2204 43 ** Reissue independent claims		7 CFR 1.129(b))			
over original patent	i '	r Continued Examination (RCE)			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	802 900 1802 900 Request fo of a design	r expedited examination application			
	Other fee (specify)				
SUBIUTAL (2)	Reduced by Basic Filing Fee Paid	SUBTOTAL (3) (\$) 110			
"or number previously paid, if greater; For Reissues, see above					
SUBMITTED BY (Complete (if applicable)) Registration No. 41 003 Telephone 781 401 9988 ext					
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